

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 53817

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	C	C				
4		1				
5	C	C				
6		1				
7		1				
8		1				
9	C	C				
10		1				
11		1				
12		1				
13	C	C				
14		1				
15		1				
16		1				
17		1				
18			1			
19				1		
20				1		
21				1		
22				1		
23				1		
24		1		1		
25		1		1		
26		1	C	C		
27	C	C		1		
28		1		1		
29			C	C		
30			C	C		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46		1		1		
47		1	C	C		
48		1		1		
49		1		1		
50	C	C		1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66	C	C				
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93						
94						
95						
96						
97						
98						
99						
100	C	C				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						